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Bib Data Sheet

CONFIRMATION NO. 3619

|                                    |   |                     |                               |                                       |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>09/813,476 | <b>FILING DATE</b><br>03/22/2001<br><b>RULE</b> | <b>CLASS</b><br>024 | <b>GROUP ART UNIT</b><br>3626 | <b>ATTORNEY DOCKET NO.</b><br>PAG 001 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**  
Jan Folkmar, Arosa, SWITZERLAND;

**\*\* CONTINUING DATA \*\*\*\*\*** *None*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* 05/01/2001** **\*\* SMALL ENTITY \*\***

|   |  |                            |                           |                                |
|---|--|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>4 | <b>TOTAL CLAIMS</b><br>15 | <b>INDEPENDENT CLAIMS</b><br>1 |
|---|--|----------------------------|---------------------------|--------------------------------|

35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after met

Verified and Acknowledged *[Signature]* *[Initials]*  
Examiner's Signature Initials

**ADDRESS** **AIR MAIL**

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CANADA

**TITLE**  
Hinged clip with separable jaws

|                                   |   |   |
|-----------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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